



Answers to Your Questions: The 2J Surgical Intensive Care Unit

Your doctor has decided that you will be transferred to the SICU to recover from surgery or to continue immunotherapy treatment. The SICU is staffed and equipped to provide the special care you may need. The unit makes it possible for medical and nursing staff to manage complications from surgery, immunotherapy, medications, or other treatments.

General information

What is a surgical intensive care unit?

The surgical intensive care unit (SICU) in the Clinical Center of the National Institutes of Health is a special place. It provides intensive nursing care for surgical or *immunotherapy** patients who require continuous monitoring and medical support. This information was prepared to help patients and their families understand what to expect when they stay in or visit the SICU.

If you have questions or concerns about why you or your family member requires admission to the SICU, please do not hesitate to discuss them with your doctor or critical care nurse.

Who will take care of me in the SICU?

During your stay in the SICU, you will be cared for by highly skilled registered nurses who specialize in critical care nursing. These nurses are trained to care for people

with serious or complex illnesses, such as cancer. They are prepared to deal with any medical emergency or crisis. These nurses will care for the physical as well as the psychological, emotional, and spiritual needs of patients and families.

You will have a *primary nurse* who will manage your care throughout your SICU stay. In the absence of your primary nurse, associate nurses will care for you. These nurses will discuss with you and your family the specifics of your care, your preferences, and will work closely with other members of the health care team to ensure that your needs are met.

If you are receiving immunotherapy, the doctors who cared for you on your patient care unit will continue to care for you while you are in the SICU.

If you are recovering from surgery, the surgical doctors will take care of you while you are in the SICU. When you are discharged from the SICU, your previous medical doctors will take over your care.

Why is the SICU so noisy?

The SICU can be a noisy place, and, unfortunately, much of this noise is unavoidable. You will see many machines that make noise. For example, your *heart monitor* may sound an alarm if your heart rate is too low or too high. It may even sound an alarm if you move too much. Other noisy machines are ventilators (breathing machines),

**Words in italics are defined in the Glossary.*

I.V. pumps, computers, telephones, and suction and oxygen equipment.

May SICU patients receive visitors or make telephone calls?

The rest, safety, and privacy of SICU patients is very important. To achieve this, the following guidelines have been established for visitors.

- Visiting hours are from 10:30 a.m. to 9 p.m. However, visitors may be asked to leave when the patient undergoes certain procedures (*central line* or *Foley* insertions), during doctors' rounds or a change of shift report, or when the nurse feels that the patient should not have visitors.
- Except under special conditions, children under 12 years old are not permitted in the SICU.
- Visitors may wait in the 2nd floor solarium during a patient's surgery. There, the patient's doctor will speak to family members following surgery. A volunteer can assist visitors with their first request for entry into the SICU. In the volunteer's absence, visitors may call the unit at 496-2085 to request admission to the SICU.
- After their first visit to the SICU, visitors should use the visitor intercom telephone to ask permission to visit the unit. Dial 24 on this telephone to make sure it is all right to enter. Visitors may need to buzz the intercom telephone more than once if no one answers right away.



The intercom telephone.

- Visitors are not permitted to stay overnight in the SICU. Family and friends should find rest or accommodations outside the Clinical Center.
- A few telephones are available in the SICU for patient use. A patient who wishes to use the telephone should ask the nurse to bring a telephone to the bedside. Because these telephones are shared by all patients on the unit, telephone use should be limited.
- Patients will be able to make a limited number of long-distance calls. These calls should be kept short because the long-distance line is shared by all patients on the unit.

Why will the nurse keep checking on me?

The nurse will check on you frequently while you are in the SICU. This is routine and does not necessarily mean that anything is wrong. The nurse will routinely check your *vital signs* and listen to your heart, lungs, and

abdomen. The nurse will also watch closely for any complications. The nurse will monitor your heart rate and rhythm on the heart monitor and get readings from this machine. Any alarms that you hear at your bedside will be taken care of by the nurse. The nurse will also write on your chart important information, such as vital signs, that affects your recovery or immunotherapy treatment. The information on your chart enables your caregivers to monitor you closely while you are in the SICU.

How will I let the nurse know when I need help?

When you are in the SICU, a nurse will closely monitor or watch you at the bedside. However, there may be times when you need to contact a nurse who is not right at your bedside. If this occurs, push your call light, which will be within reach. The call light lets the nurse know when you need help.

How will I bathe, brush my teeth, and use the bathroom?

The SICU does not have showers or bath tubs, however, the nurse will assist you with a bed bath. The nurse will usually provide water and a basin to use for brushing your teeth. If you are feeling extremely well, you might be able to stand at a sink and brush your teeth.

Using the bathroom is slightly different in the SICU. You will probably have a Foley catheter in your bladder to drain urine all the time. This catheter will be cleaned twice a day at the place where it enters your body. If you do not have a Foley for urination, you can use a urinal, bedpan, or bedside commode. When you need to

have a bowel movement, you will use a bedside commode or bedpan. Your nurse will assure your privacy while you use the commode.

What can my family or friends do to help me during my treatment and stay in the SICU?

Your family and friends can be very helpful during your stay in the SICU. After all, they know you best. The SICU nurses welcome any information you or your family members can provide to help make your hospital stay more comfortable.

- ***Personal contact***

The SICU can be overwhelming, and visitors often worry that touching you may cause harm. On the contrary, personal contact, such as touching or conversation, helps your recovery. In fact, many patients request that baths and skin care be done by family members. You may also need help filling out your menu, and this can be done by family or friends since they know what you like. For your safety, however, it is best to have a nurse help you out of bed, even if your family member is there.

- ***Rest***

Rest is important for you and your loved ones. The nurse may ask your visitors to leave so that you can rest. Your family and friends should also take time to rest, because they can best support you when they are not tired.

- ***Telephone numbers/your spokesperson***

Family members or *support persons* should leave their local telephone numbers with

the SICU nurse so that they can be reached in cases of emergency. One person should be designated as a spokesperson who will relay information to your loved ones. This system allows the nurse to spend time caring for you instead of contacting all the people important to you. If you do not wish family or friends to receive information about you over the telephone, let your nurse know.

Can I watch TV, videotapes, and listen to a radio or audiocassette player while I am in the SICU?

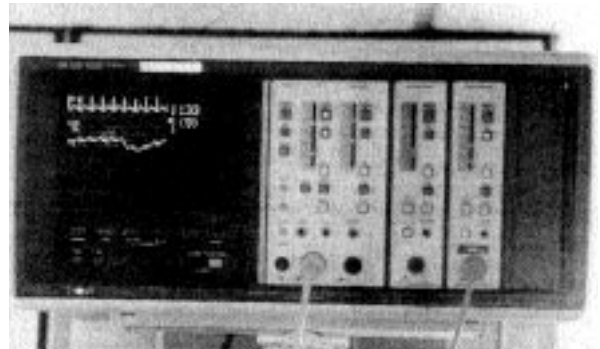
The SICU has several TVs and VCRs that are shared by all intensive care unit patients. You may watch TV, but the picture may not be clear because of the unit's location and interference from electrical monitors. You may bring your own videotapes and audiocassettes, but they must be labeled with your name. Audio- and videocassettes may also be borrowed through the Clinical Center's recreation therapy section. This section also loans audiocassette players to patients. Many patients try to read in the SICU, but they may have difficulty reading because of the effects of treatment, recovery from surgery, and the SICU environment.

Information for immunotherapy patients

Will I have machines, IVs, or tubes attached to me?

- ***EKG machine***

While you are in the SICU, three patches will be placed on your chest. These patches will be connected to a heart monitor that will display your heart rate and rhythm. Being connected to a heart monitor is routine and does not mean that anything is wrong with your heart.



An EKG monitor.

- ***I.V.s***

You may have an I.V. (*intravenous*) line put into a vein in your arm or chest. This tube will allow the nurses to give you fluids and medications, to monitor fluid and oxygen levels, and to draw blood.

- ***Foley catheter***

You may have a tube (Foley catheter) inserted into your bladder. This catheter allows the nurse to monitor your urine output. While this tube is inserted, you will not have to get out of bed to urinate.

Will I be able to eat and drink while I receive immunotherapy in the SICU?

Both a dietitian and nursing staff members will be available to help plan your meals and provide dietary advice while you are in the SICU. Breakfast, lunch, dinner, and snacks will be served at your bedside. However, some of the side effects of immunotherapy (nausea, vomiting, diarrhea, mouth sores) may make eating difficult. Your dietitian and nurse can help you cope with the side effects. Do not worry if you cannot eat and drink: you will be given fluids through your I.V. Your appetite will return after therapy.

Why will I need help getting out of bed?

While you receive immunotherapy, your blood pressure may be low, and getting out of bed will not be safe. In addition, you will have several I.V. lines and an EKG cable attached, which make moving difficult. If you want to get out of bed, please ask your nurse to help you. Your nurse will make getting out of bed easier and safer.

How often, and for how long will I receive immunotherapy treatment when I am in the SICU?

Generally, patients receive immunotherapy treatments every 8 hours. Once you arrive in the SICU, your schedule for receiving immunotherapy may change depending on your body's response to this treatment. The decision to continue treatment will be made by you and your doctor after each dose of immunotherapy. To help your doctor make this decision with you, your vital signs, laboratory values, urine output, and how well you feel all will be considered. This information will help you and your doctor decide if it is safe for you to continue treatment. You may need more time between doses to recover, so your treatment may be put "on hold." For example, you might receive immunotherapy every 12 hours rather than every 8 hours. This delay may allow you to receive more doses of immunotherapy. But please remember, you may refuse treatment at any time.

Do all SICU patients receive the same amount of immunotherapy?

You may not receive the same number of immunotherapy doses as other patients. The

number of doses depends on many factors that are discussed by the doctor with each patient. Receiving doses of immunotherapy that are different from other patients does not mean that your treatment will be more or less effective than that received by other patients.

Why will I be weighed and have blood samples and a chest x-ray taken every day while I am in the SICU?

To give you immunotherapy as safely as possible, you will be weighed, and blood samples and a chest x-ray will be taken every day. Results from these tests and procedures will enable your caregivers to keep a close watch on your condition during immunotherapy treatment.

Information for patients recovering from surgery**What happens in the SICU after my operation?**

- Your nurse will be closely observing you immediately after surgery and throughout your SICU admission. Your vital signs will be checked frequently.
- When you awaken from *anesthesia*, you may have blurred vision because ointment was placed in your eyes during surgery to prevent them from drying out. Blurred vision is temporary and usually clears after your eyes are wiped with a cloth or tissue.

Will I be connected to any machines or tubes?

You may wake up with an oxygen mask over your nose and mouth or with a breathing tube in place. The breathing tube, which is attached to a ventilator, is sometimes necessary to assist

you until you are strong enough to breathe on your own. Usually, the tube will be removed within 24 hours after surgery. While the breathing tube is in place, you will not be able to speak. But when the tube is removed, you will be able to speak again. While you are unable to speak, the nurse will show you other ways to make your needs known. You will be able to use a writing pad or other means to communicate.

While you are in the SICU, three patches will be placed on your chest to which EKG (electrocardiogram) wires will be attached. These wires, in turn, will be connected to a heart monitor. The EKG allows nurses to watch your heart rate and rhythm. This is routine while you are in the SICU and does not necessarily mean that there is something wrong with your heart.

Why will I have I.V.s and tubes attached to me?

You will have at least one I.V. (intravenous line) inserted into a vein to give you fluids and medications. Your I.V.s will be attached to a pump that regulates the flow of fluid. You may also have special I.V. lines that allow the nurse to monitor your fluids, blood pressure and oxygen levels, and to draw blood.

You may see drainage tubes or other tubes connected to you that are related to your specific surgical procedure or disease. The nurse or doctor will explain why these devices are needed.

Why are deep breathing and coughing so important?

Deep breathing, coughing, turning, and using the Voldyne or Tri-Flow are important to your recovery. These activities and devices reexpand

and exercise your lungs. Before surgery, your nurse or respiratory therapist will teach you how to use a Voldyne or Tri-Flow inspiriometer.

Practicing with these devices before surgery makes it simpler for you to use them after surgery. To make it easier for you to breathe deeply after surgery, a pad or pillow will be held against your incision as a support.



Using the Voldyne after surgery.

Will I have aches or pains after surgery?

It is normal to have some pain or discomfort after surgery. If you feel pain or have a dry mouth or sore throat, please let your nurse know. Medication will then be given according to your needs and medical condition. Please let your nurse know when your pain is not relieved by the medication.

There are other ways to relieve pain, for example, an epidural or an I.V. P.C.A. (patient-controlled anesthesia).

Epidural

The doctor may decide to manage your pain with an *epidural*, which numbs the site of your surgery. The epidural catheter will be placed into your back. This catheter, in turn, will be connected to a cassette containing pain medication. The cassette will be connected to an epidural pump that will regulate the amount of pain medication you will receive. Sometimes, you will be able to control when a dose of pain medication is given through the epidural.

I.V. P.C.A.—patient-controlled anesthesia

The doctor may decide to manage your pain using an I.V. P.C.A. With this method, the patient usually controls when a dose of pain medication will be given. The medication is given through a pump that is connected intravenously. The I.V. catheter will probably be inserted into a vein in your arm. The I.V. P.C.A. will also be connected to a cassette like the epidural. The epidural or P.C.A. cassette and pump will stay in a zippered pouch that can be either worn around your neck or kept close to you.

When the epidural or I.V. medication is infusing, you will also have to wear a finger probe (pulse oximeter) that monitors your oxygenation. This is needed because the epidural or I.V. can become dislodged, making you too sleepy or affecting your breathing. The catheter will usually stay in place for 3 days. When it is removed, you will receive another type of pain medication.



A P.C.A. pump.

Will I be able to eat and drink?

You will not be able to eat or drink immediately after surgery. As you begin to recover, your diet will progress slowly from drinking clear liquids to eating regular foods.

Why will I have to wear special stockings?

You will be wearing elastic stockings (TEDS) or automatic compression stockings to help the blood circulate in your legs. Compression stockings automatically inflate and deflate. As you start to get out of bed and walk, these stockings may be removed.

When will I be able to move?

You may be encouraged to get out of bed as early as the same day of your surgery, and the nurses will help you as needed. If you have to stay in bed for several days, it will be important to move your arms and legs to keep muscle tone, prevent stiffness, and help blood circulation. Your nurse will remind you to exercise when you are in bed.

Glossary

Here are some terms you may have seen in this booklet. You may also hear members of your health care team using these words.

Anesthesia—A loss of sensation produced by a gas or a drug. *General anesthesia* means that you are put to sleep during surgery and that you have no memory of the operation.

Local anesthesia means that only the area operated on is made numb.

Arterial line (“A” line)—A soft, intravenous (I.V.) tube placed into an artery for monitoring blood pressure and for drawing blood.

Central line—A soft, intravenous (I.V.) tube placed into a large vein near your shoulder or neck. This line is used for giving I.V. fluids and medications and for drawing blood.

Chest tube—A tube inserted into the chest by your surgeon. This tube drains air or fluid from your chest.

Drain—A tube placed in a wound that provides an exit for blood or fluid.

Epidural—A way of managing pain by numbing the surgical site.

Foley catheter—A soft tube placed into the bladder for draining urine.

Heart monitor—A machine with wires attached to your chest. This machine monitors your heart rate and rhythm as well as your blood pressure and temperature.

Immunotherapy—A medical treatment for cancer that involves the immune system and includes the drug interleukin-2.

Intravenous (I.V.) fluids—Fluids given through a catheter in a vein.

I.V. pump—A machine used to regulate the flow of intravenous fluids. This pump has an alarm that lets the nurses know when the bag or tubing needs attention.

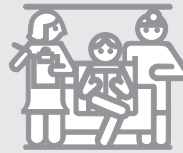
Nasogastric (N-G) tube—A tube that passes through the nose and into the stomach to help drain fluids.

NPO—A Latin phrase meaning “nothing by mouth.” No foods or fluids are allowed for a period of time.

Primary nurse—The nurse responsible for managing a patient’s nursing care 24 hours a day.

Support person—A special friend or companion who gives emotional support or other help needed by the patient.

Vital signs—Measurements of body function. Vital signs include temperature, pulse, respiratory rate, and blood pressure.



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This information is prepared specifically for patients participating in clinical research at the Warren Grant Magnuson Clinical Center at the National Institutes of Health and is not necessarily applicable to individuals who are patients elsewhere. If you have questions about the information presented here, talk to a member of your healthcare team.

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